

## CLAIMS ONLY

**Application Number:**

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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47						
48						
49						
50						
Total						
Indep						
Total	14					
Depend.						
Total						
Claims	15					

	Indep	Depend	Indep	Depend	Indep	Dep
51						
52						
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99						
100						
Total Indep						
Total Depend						
Total Claims						